

Request for Additional Testing

IHC Stains

BAP-1	CD56 (123C3) mAb	HHV-8
BCL-2	CD68	HSV1
BCL-6	CD79A	HSV2
BRAF V600e (VE1)	CD123	Ki-67
CD1a (MTB1a)	CEA MONO	Red Melan A
CD3	Chromogranin A	P63
CD4	CK 5/6	PAX-5
CD5	CK7	Red S-100
CD7	CK20	SMA (Actin)
CD8	CK CAM	SOX-10
CD10	CK PAN	SOX-11
CD20	D2-40	Synatophysin
CD21	Desmin	Treponema Pallidum
CD30	EMA	Tryptase
CD31	EP-CAM (Ber-Ep4)	Red TTF-1
CD34	Factor XIIIa	Vimentin
CD43	H-Caldesmon	VZV (ASR)
CD45 (LCA)	Red HMB-45	

Dual Stains

Ki-67/Melan A
PAX-5/CD30
PAX-5/CD5

ISH Stains

Eber
Kappa
Lamda

Special Stains

AFB II
GMS II
Iron
Brown Hopps Gram
Colloidal Iron
Fite's for Acid Fast
Fontana Masson
Von Kossa
Verhoeff's Elastic

****All stains above this line are performed
in-house

Molecular Testing Send Outs

TCR Gamma Gene Rearrangement (NGS) testing (Performed at the BJH Molecular Diagnostics Lab)
BRAF Gene Mutation Analysis for Melanoma (V600E/K) (Performed at LabCorp Oncology)

Other Testing Requested: _____

Date of Request: _____ **Accession#** _____

Patient's Name/DOB: _____

Requesting Clinician: _____

Authorized Individual Submitting Request: _____

Authorized Individual Phone Number: _____

Signature: _____

Please email this form to dermpathadmin@path.wustl.edu to initiate the request.